

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010492

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **332**

STATE FILE NUMBER

VS 300
Rev. 4/59

15117

25117

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF **R.P. Kiebert, M.D.**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		Length of stay in 1b 65yrs	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 7024 King Hill		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) Elizabeth Dorcus Haney		4. DATE OF DEATH Month March Day 7 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1879
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Easton Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alvis Kerns		13b. MOTHER'S MAIDEN NAME Burnette Hadley	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) no (If yes, give war or dates)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Perry Mann, St. Joseph, Mo	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unattended Death; Apparently Natural Causes - Investigated by the City Health Department Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) by the City Health Department DUE TO (c) by the City Health Department			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:55 A.M. Month, Day, Year 3/7/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Mo	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 3/7/63 to 3/7/63 and last saw her/him alive on 3/7/63 . Death occurred at 5:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert W. Kiebert, M.D.		22b. ADDRESS St. Joseph, Mo	
22c. DATE SIGNED 3-12-63		22d. CITY, TOWN, OR COUNTY (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/9/63	23c. NAME OF CEMETERY OR CREMATORY St. Olivet Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Mo		23e. STATE	
24. FUNERAL DIRECTOR John E. Sharp		25. DATE RECD. BY LOCAL REG. Mar. 14, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		27. ADDRESS	

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 11 1963

APR 11 1963

FILE
FILE

Permit No. 3-7-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

as by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3986

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.